CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: to 4-19-09
1. Committee I.D. Number	Candidate Last Name First Name M.1.
137569	white Brian m
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)
CTE Brian white	Board of Education- WCS
5. Committee's Mailing Address	4b. County of Residence Macomb
7/97 1. 106 16	6. Treasurer's Name & Residential Address
Charling the T	Brian white
2187 Koper An. Stenling Heights, M. I.	2187 Koper Dr. Sterling Heights, MI 48310
Area Code and Phone 586-795-8540	sterling Heights, MI 48310
if the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone 586-795-8540
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
	. segar rejor grande grande
Area Code and Phone	Area Code and Phone
9. TYPE OF STATEMENT	The state of the s
9a. Pre-Election OR 9b. Post-	Election 9c. Annual Statement (
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Primary Gene	eral 9e. Dissolution of Candidate Committee
Convention	Effective Date of Dissolution
Convention	
Special	By checking this item, I/We certify that the committee has no assets or
Date of Election, Convention or Caucus	outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for
	the Reporting Waiver.
	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all rec Schedules. Direct contributions, in-kind contributions, loans, exper-	uired Campaign Statements. The Campaign Statements must include all applicable ditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.
amendment to the Statement of Organization should accompany the before the filling deadline of a required campaign statement, the	d since the information was shown on the committee's Statement of Organization, an is Campaign Statement. If a request for a Reporting Walver is not received on or at campaign statement cannot be walved.
	n the preparation of this statement and attached schedules (if any) and to the best of mplete.
Current Treasurer or D	A · · · · · · · · · · · · · · · · · · ·
Designated Record keeper <u>Shiah White</u> Type or Print Name	Date 4-20-09
A	Signature
Candidate Shiah White	1 Jan 2 W Date 4-20-09
Type or Print Name	Signature

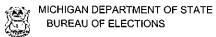


SUMMARY PAGE

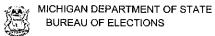
1. Committee I.D. Number 137569

2. Committee Name EFE CTE Brian White

CANDIDATE COMMITTEE	•	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	1 00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$, 925,00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 1,925,00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \left\ \qua	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>[25.50</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		k ; ;
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ (1830.24	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(B.) \$ 1,830.24	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	į ,	
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10)	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \[\lambda \sum 5.50 \]	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14)+\$ 1,925.00	
(Line 5, Total Contributions & Other Receipts)	1000	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	
Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ (850, 64	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 94.76.	
(Subtractivity to ROTH line 19)		



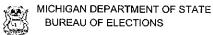
MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS	
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	
CANDIDATE COMMITTEE 2. Committee Name	Committee to Elect Brian
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 1-26-09 Name & Address: William Cahh, II 29156 Ohmeh Wahheh, MI 4809 2 5. If over \$100.00 cumulative places provide:	
o. Il over \$100.00 cumulative, piease provide.	S 25.00 S 25.00 Click Here for Memo Itemization
Occupation Employer Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
S. Contribution #2 Name & Address Sohn Lettang 29763 Bonnie Drive Wahren, MI 48093 5. If over \$100.00 cumulative, please provide: Description	\$ \$0.00 \$ \$0.00 Click Here for Memo Itemization
Business Address	
Cynthia Szumikski 28436 Walker Warren, mI 48092 5. If over \$100.00 cumulative, please provide: Description #3 PAC Receipt? YES 4. Date of Receipt 1-22-09 4. Date of Receipt 1-22-09 Figure 4. Date of Receipt 1-22-09 Figure 5. Late of Receipt 1-22-09 Figure 6. Date of Receipt 1-22-09 Figur	\$ \$0.00 \$ \$0.00 Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser Contribution #4 PAC Receipt? YES 4. Date of Receipt / - 2 2 - 09	
Brendan wagher 31009 Roan Drive wahren, MI 48093	\$ \$0.00 \$ \$0.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subtota Grand Total of All Schedules 1A (Complete on last page of Schedule	113.00



1. Committee I.D. Number 137569

CANDIDATE COMMITTEE 2. Committee Name	CEPI	119h White
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 1-22-09 Name & Address: Nadine Sae Cques 3803 Lakehidge Ct. Lake Orion, MI 48360	\$ 25,00	s 25.00
5. If over \$100.00 cumulative, please provide:	OPA LI	A.A. 11 * 15
Occupation Employer	Click Here it	or Memo Itemization
Business Address Type of Contribution: Direct Loan from a person X Fund Raiser		
	-	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt [-22-09] Name & Address Joseph Kozich 4836 Rivers Edge Thoy, MI 48098	§ 25.00	\$ 25.00
Thoy, MI 48098		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: Mary Cwier tak 31358 Pinto Dh. Wahheh, MI 48093	\$25. 60	\$ 25.00 Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Loan from a person		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 1-22-09		
Sheah Pithohe 2828 Buhningbuch Dh. Stenling Heights, MI 48314	\$ 50.00	\$ 50.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	135.00	
Grand Total of All Schedules 1A	1 3 1 5 -	•
(Complete on last page of Schedule)	Enter this total on	J

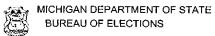
line 3a of Summary Page.



1. Committee I.D. Number

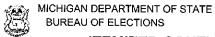
CANDIDATE COMMITTEE 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? 4. Date of Receipt Name & Address Brian walmsley 46039 Lookout Drive Macomb Township, MI 48044 25.00 \$ 25.00 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer_ Business Address __ Type of Contribution: Fund Raiser Loan from a person PAC Receipt? YES 3. Contribution #2 4. Date of Receipt Name & Address Robert Nas sas76 Belle Crest shelby tourship, mt 48316 35.00 s 35.00 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer_ Occupation ___ Business Address Type of Contribution: Fund Raiser Loan from a person PAC Receipt? 3. Contribution #3 4. Date of Receipt 22-09 Name & Address: Jehnifer miller 162 Rinerside Dr. 48043 mount Clemens, mI 48043 \$ 25.00 \$ 25.00 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: _____ Employer_ Occupation _ Business Address _ Direct Type of Contribution: Loan from a person Fund Raiser PAC Receipt? YES 3. Contribution # 4 4. Date of Receipt Name & Address Robert Carlesso 4442 Bayleaf Dr. sterling Heights, MI 48314 50.00 \$ 50.00 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation. Employer _ Business Address Type of Contribution: Fund Raiser Direct Loan from a person Page Subtotal 25.00

Grand Total of All Schedules 1A (Complete on last page of Schedule)



CANDIDATE COMMITTEE 2. Committee Name _	CEPY	Jan White
Enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: PAC Receipt? YES 4. Date of Receipt 1-22-09 Rebecca Liverhois 35408 Gray field Dr. Sterling Heights, MI 483/2	<u>\$ 50.00</u>	
5. If over \$100.00 cumulative, please provide.	Click Here f	or Memo Itemization
Occupation Employer	–	or Memo Remization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 Name & Address Lisa Mukchisoh 33302 Vicehov Ahive Stehling Heights, MI 48310	s 75.00	? s 75.00
Sterling Heights, MI 48310		
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
		-
3. Contribution #3 Name & Address: PAC Receipt?	- . (0.0	o s 50.00
Farmington Hills, MI 48313	<u> </u>	\$ 30.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt /- 22-09		
Scott Wooster 31102 Cousing Drive warren, mI 48092	\$ 25.00	\$ 25.00
5. If over \$100.00 cumulative, please provide:	Clink Lloro fo	. B.A 14
Occupation Employer	– Click Here to	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subto	otal 200.00	
Grand Total of All Schedules		-
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(Complete on last page of Schedule)

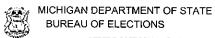


1. Committee I.D. Number 137569 1TF Brian white

CANDIDATE COMMITTEE 2. Committee Name	ULE	>hiah white
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 1-22-09 Name & Address: School Cape Consulting, LLC 1037 Hidden Lake Rochesten, mI 48309	\$ 50.00	
5. If over \$100.00 cumulative, please provide:	Oliah Harra Ka	
Occupation Employer	Click here it	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 Name & Address Mahilyh J. michaelson-Clarke 13521 masohic Blud. wahreh, mt 48088	\$ 50.00	\$ <i>50.00</i>
warren, m± 48088		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: PAC Receipt? YES 4. Date of Receipt 1-12-09 Kakeh L. Edwards 32738 Valle y Drive Warreh, mt 48088 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ <u>25.00</u> Click Here for	\$ 25.00 Memo Itemization
Business Address		
Direct Loan from a person Fund Raiser 3. Contribution # 4 Name & Address PAC Receipt? YES 4. Date of Receipt 1-12-09 William majewsk; 31+2+ Lyons Cin W Warhely mt 48092	s 25.00	\$ 25.00
5. If over \$100.00 cumulative, please provide:		
O-marking -	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	<u>.</u>	
Page Subtotal	150.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J

Page 5 of 7

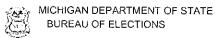
line 3a of Summary Page.



1. Committee I.D. Number 137569

CANDIDATE COMMITTEE 2. Committee Name	CIE Phian White
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 1-22-09 Name & Address: David Luedtke 3 6728 Sampa Stepling Heights, mI 483/2 5. If over \$100.00 cumulative, please provide:	\$ 25.00 \$ 25.00
	Click Here for Memo Itemization
Occupation Employer	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 Name & Address Sonathon Fielbhandt S929 misty Hill Count Clarkston, MI 48346	\$ 25.00 \$ 25.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:	_
	\$ 50.00 \$ 50.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? XYES 4. Date of Receipt 3-27-09 Name & Address The pendent michigan Political Action 12434 Twelve mile Road wahren, mI 48093	Council of teachers \$ 1,000.00 \$ 1,000.00
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subtot	1.100.00
Grand Total of All Schedules 1/	` 1 `

(Complete on last page of Schedule)



1. Committee I.D. Number 137569

CANDIDATE COMMITTEE 2. Committee Name	CIE Phi	an white
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 2-4-09 Name & Address: EXPERT Leadership Services, LLC 7999 30 mile Rd. Washing ton, MI 48095	s 50.00	s \$0.00
5. If over \$100.00 cumulative, please provide:	Oliale I I ana fa	
Occupation Employer	Click here ic	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	50.00	
Grand Total of All Schedules 1A	197500	

(Complete on last page of Schedule)

Erter this total on line 3a of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number		3 7	75 ¢	29	
	T	J R	hin	4 1	1: LO

CANDIDATE COMM	NITTEE 2. Committee Name <u>C/E/Shid</u>	ch white
3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	Type of In-Kind Contribution (Check applicable box) Date of Receipt Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value 8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? Yes Name & Address: Bhian White 2187, Kopen Ah. Stepling Heights, MI 48310 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description Filing Fee 5. Date Of Receipt: 2-2009 6. Vendor Name & Address:	loo.00 \$ loo.00
Fund Raiser Contribution		
Contribution #2 PAC Receipt? Yes Name & Address Bhian white 2187 koper Ph. Stenling Heights Mt. If over \$100.00 cumulative, please provide: 45. Occupation: Employer Name & Address:	Donate and Continue Donate and the Continue of	22.00 \$ 22.00 extres
Employer Name & Address:	75. Date Of Receipt: 3-3-09	
Fund Raiser Contribution	6. Vendor Name & Address: City of Stenling Height Science Sterling Height Sclepk	k Here for Memo Itemization
Contribution #3 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan	
Name & Address: Shiah white als 7 Foreth. Stenling Height mt. If over \$100.00 cumulative, please provide: 183 / Occupation: Employer Name & Address:	Goods Donated or Loaned Services Donated \$	3.50 \$ 3.50
	Page Subtotal Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	125.50 125.50

Enter this total on line 6 of Summary Page

Page ____ of ___



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 137569

2. Committee Name CTE Bhiah White

2. (confinite Name _ C C D / / C C C C C C C C C
Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name Sawiecti and son, Inc.	4-9-09 \$ 503.50
Address 1521 W. Lafayette Blvd. W.	Purpose: Lawh Sighs Date
Dethoit, MI 48216	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2	
Name Warren Post office	12/20/08 \$ 329.60
Address wahreh, Michigah	Purpose: Postage-Fundraiser Date
,	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3	
Name VFW Post 9021	12/9/08 \$ 1/5:00
Address Ryan Road	Purpose: Hall Rental-Fundraiser
wappeh, mI	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4	
Name Office max Address 26475 Hoover	1/2/09 \$ 106.95
Address 26475 Hoover	Purpose: Ehvelope(-Fundraiser Date
warken, mt	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous
Z Turid Parison	statement
Name office pepot	11510
Name office pepot Address wather, mI	Purpose: Lables and Ehvelopes Date \$ 17.24
,	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
*	Subtotal this page 1,072.29
	Grand Total of all Schedules 1B
	(Complete on last some of Pohadula)

Enter this total on line 8a of Summary Page

Page _____ of ____



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 137569

2. C	Committee Name	white
Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		
Name Costco wholesale	Purpose: Phintenink	$-\frac{2}{3}-09$ \$ $\frac{27.50}{0}$
Roseville, mI	Click Her	re for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #2		
Name Reliable Graphics Address 10400 W. Ninemile Road	Purpose: 2 Sided Color Copies	$\frac{f-3-09}{\text{Date}} = \frac{424.00}{}$
t Aut at	Click Hen	e for Memo Itemization Type
oat part, m+		e for Mento Remization Type
oak park, mt 48237	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3		
Name		
Address office max 26475 Hoover	ruipose. 170-57 (ye r.c. 1210)	Date \$ 106.95
Warhen, MI 48089 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	в от метно кенигации туре
Expenditure #4		· · · · · · · · · · · · · · · · · · ·
Address Stenling Heights post office Stenling Heights, mI	Purpose: STUMDS Click Here	Date \$ 197.
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #5		· · · · · · · · · · · · · · · · · · ·
Name City of thoy Address Thoy city Hall		Date \$ 2.50 C+ioh of or Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
	Subtotal ti	hin nago

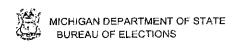
Subtotal this page

Grand Total of all Schedules 1B (Complete on last page of Schedule)

757.95 1,830.24

Enter this total on line 8a of Summary Page

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DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 137569

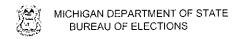
2. Committee Name CTE Bhiah White

CANDIDATE COMMITTEE 2.00	ommittee ivanie			
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com	niltee OR b. Debts	and obligations owed to or	forgiven by the com	mittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or quarantors, if any.	k either a or b. Use only for the pur 4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Filip Fee	\$		
Brian white 2187 Koper Dr. Stenling Heights, MI 48310	5. Date Debt Was Incurred: Feb. 200 9 6. Original Amount of Debt: \$ 100.00	\$ \$ \$	s_ -0 _	\$ <u> 00.00</u>
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by: Bhian white 2187 KopenDh. Stehling Heights, MT 4831 If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes	4. Type: <u>Ballot Request</u> 5. <u>Date Debt Was Incurred</u> : 3-3-09 6. <u>Original Amount of Debt</u> : \$ 22.00 0	1 /	s	\$_22.00 forgiven
Stenling Heights, mI	5. Date Debt Was Incurred: 2-24-09 6. Original Amount of Debt: 3.50	\$ \$ \$	\$	\$ 3.50
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
A debt or obligation must be shown on this School	Complete on last page of Schedule	Grand Total showing amounts owed by		/ 25.50 / 25.50 Enter this total on line 12a "owed by" or line 12b "owed to" of the

A debt or obligation must be shown on this Schedule if there was an outstanding amount dwed on this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Summary Page

Page	ΟĪ	



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 137569

2. Committee Name CTE Bhiah White

	2. Con	Innititee Name Ct D pr	1 10 00 7(7 00 00
	- USE A SEPARATE SH	EET FOR EACH EVENT	•
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. VFW Post 90
Jahuahy 22,2009	40	social	Ryahheh, my Private Residence
7. Total Contributions	1,925		·
8. Other Receipts			
9. Gross Receipts (Add lines 7	and 8) 1,925		
10. Total Cost of Event (Total Cost includes In-Kind Co	ntributions and All Expenditure	76 s Made For the Event)	
11. X Check if event was a jo	int fund raiser and complete the	e following:	
Co-Sponsor(s)	Contribution (%)	Split	Expenditure Split (%)
137352 CTE Fisam Susah K		<u>a</u>	50/50
<u> </u>			

• The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

 Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page ____ of ____